

- SENDER: COMPLETE THIS SECTION
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
  - Print your name and address on the reverse so that we can return the card to you.

111111111111111111

Warden Leon Furniss  
Staton Corr Facility  
P.O. Box 56  
Elmore, AL 36025

## A. Signature

X Angela Thornell

Agent  
 Addressee

## B. Received by (Printed Name)

Angela Thornell

## C. Date of Delivery

7-26

Address different from item 1?  Yes  
Delivery address below:  No

07cv 668  
pro Order  
copy

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Other

7006 2760 0005 4873 1741

Yes

2. Article Number  
(Transfer from service label)

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540